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Policy Number: 8.1  
Montana WIC Approved Foods  
Revised/Effective Date: October 1, 2014

**Title:** Montana WIC Approved Foods

**Purpose**

To ensure that only foods approved by the Montana WIC Program will be issued with Montana WIC benefits.

**Authority**

7 CFR 246.10

**Policy**

Specific foods will be selected for use in the Montana WIC Program using evaluation criteria based on federal regulations, availability, packaging, cost, product acceptability, marketing approval and nutritive value.

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Refer to the current Approved Food List in the Attachments.

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Policy Number: 8.2  
Standard Food Packages  
Revised/Effective Date: October 1, 2013

**Title:** Standard Food Packages

**Purpose**

To define standard food packages for issuance of allowable foods.

**Authority**

7 CFR 246.10

**Policy**

Standard food packages are designed to meet general nutrition needs for participants based on category, age, special dietary needs and food preparation/storage needs. Standard food packages will provide the full nutritional benefit allowed.

### I. Standard Montana WIC Food Packages for Infants

Infant Age	Amount of Breastfeeding	Contract Infant Formula (Max. amount is determined by powder reconstituted)	Infant Cereal (8 oz.)	Infant Fruits and Vegetables (4oz.)	Infant Meats (2.5 oz.)
Birth - 1 month (Food Package I)	Fully	None			
	Substantially*	May be up to 1 can (104 oz. reconstituted max.)			
	Partially*	2 - 9 cans			
	None	Up to 9 cans			
1 - 3 months (Food Package I)	Fully	None			
	Substantially*	Up to 4 cans			
	Partially*	5 - 9 cans			
	None	Up to 9 cans			
4 - 5 months (Food Package I)	Fully	None			
	Substantially*	Up to 5 cans			
	Partially*	6 - 10 cans			
	None	Up to 10 cans			
6 - 12 months (Food Package II)  Developmental readiness and caregiver's wishes to start solids should be reviewed before issuing solids.	Fully	None	3 boxes	64 jars	31 jars
	Substantially*	Up to 4 cans	3 boxes	32 jars	
	Partially*	5-7 cans	3 boxes	32 jars	
	None	Up to 7 cans	3 boxes	32 jars	

Similac Advance and ProSobee are the standard contract formulas for Montana WIC. Cow's milk, soy beverage and goat's milk are not issued to infants.

\*Infant formula issued to breastfeeding infants in this age range is based on actual need and the established full nutritional benefit. Issuance of the actual amount of formula needed, rather than the maximum amount allowable for a breastfeeding infant is encouraged.

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**II. Standard Montana WIC Food Packages for Children 1-5 years (Food Package IV)**

<b>Food Item</b>	<b>Children Younger than 2 Years</b>	<b>Children Age 2 Years and Older</b>
Milk	Whole 4 gallons	Non-fat, Skim or 1% 4 gallons
Eggs	1 dozen	1 dozen
Juice	2 64-oz. bottles (128 oz.)	2 64-oz. bottles (128 oz.)
Cereal (cold and/or hot)	36 oz.	36 oz.
Whole Grain Choice	2 pounds	2 pounds
Peanut Butter	0	18 oz. peanut butter
Legumes	4 15-16 oz. canned	0
Fruits & Vegetables Fruit and vegetable benefit	\$8	\$8

**III. Standard Montana WIC Food Packages for Women**

<b>Food Item</b>	<b>Pregnant or Substantially Breastfeeding (Food Package V)</b>	<b>Partially Breastfeeding or Non-Breastfeeding Post-Partum Women (less than 6 mo. post-delivery) (Food Package VI)</b>	<b>Fully Breastfeeding, Pregnant and at Least Substantially Breastfeeding an Infant or Pregnant w/ Multiples (Food Package VII)</b>	<b>Fully Breastfeeding Multiples (Food Package VII – 1.5x)</b>
Milk	Non-fat, Skim or 1% 5 1/2 gallons	Non-fat, Skim or 1% 4 gallons	Non-fat, Skim or 1% 6 gallons	Non-fat, Skim or 1% 9 gallon
Cheese	0	0	1 pound	Alternate 1 & 2 lbs every other month
Eggs	1 dozen	1 dozen	2 dozen	Alternate 2 & 3 dozen every other month
Juice	3 11.5-12 oz. frozen (144 ounces)	2 11.5-12 oz. frozen (96 ounces)	3 11.5-12 oz. frozen (144 ounces)	Alternate 4 & 5 11.5-12 oz. frozen (192 ounces)
Cereal	36 oz.	36 oz.	36 oz.	54 oz.
Whole Grains	1 pound	0	1 pound	Alternate 1 & 2 pounds every other month
Peanut Butter	18 oz. peanut butter	18 oz. peanut butter	18 oz. peanut butter	Alternate 18 & 36 oz. every other month
Legumes	4 15-16 oz. cans	0	4 15-16 oz. cans	Alternate 4 & 8 15-16 oz. cans
Fish	0	0	30 oz.	45 oz.

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Fruit & Vegetable Benefit	\$10	\$10	\$10	\$15
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**IV. Food Packages for Women Breastfeeding Multiples from the Same Pregnancy**

<b>How Much Breastfeeding</b>	<i>Baby 2 Fully Breastfeeding</i>	<i>Baby 2 Substantially Breastfeeding</i>	<i>Baby 2 Partially Breastfeeding</i>	<i>Baby 2 Fully Formula Fed</i>	<i>Baby 2 Partially Breastfeeding or Fully Formula Fed 6 Months or Older</i>
<i>Baby 1 Fully Breastfeeding</i>	Fully Breastfeeding Multiples (1.5x Fully)	Fully Breastfeeding	Fully Breastfeeding	Fully Breastfeeding	Fully Breastfeeding
<i>Baby 1 Substantially Breastfeeding</i>	Fully Breastfeeding	Fully Breastfeeding	Substantial/Pregnant	Substantial/Pregnant	Substantial/Pregnant
<i>Baby 1 Partially Breastfeeding</i>	Fully Breastfeeding	Substantial/Pregnant	Partially/Post-Partum	Partially/Post-Partum	No Food Package Issued Woman Counted
<i>Baby 1 Fully Formula Fed</i>	Fully Breastfeeding	Substantial/Pregnant	Partially/Post-Partum	Partially/Post-Partum	No Food Package Issued Woman Counted if Baby 2 is Partially Breastfeeding
<i>Baby 1 Partially Breastfeeding or Fully Formula Fed 6 Months or Older</i>	Fully Breastfeeding	Substantial/Pregnant	No Food Package Issued Woman Counted	No Food Package Issued Woman Counted if Baby 1 is Partially Breastfeeding	No Food Package Issued Woman Counted if one baby is Partially Breastfeeding

- A. If more than two infants from the same pregnancy, the mother's food package is determined by the highest breastfeeding status of one of the infants.

Policy Number: 8.3  
Issuance of Supplemental Foods  
Revised/Effective Date: October 1, 2014

**Title:** Tailoring and Adjustments to Food Packages

**Purpose**

Tailoring a participant's food package to meet nutritional, cultural or preference is determined by the CPA.

**Authority**

7 CFR 246.10

**Policy**

The Montana WIC Program allows tailoring of food packages. Tailored food packages are modified food packages designed to meet individual participant's nutrition needs.

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**I. Tailored Food Packages**

- A. A modified or "tailored" food package means:
  - 1. a reduction in the standard food package size;
    - a. participant/guardian requests a reduction in the amount of foods provided so the food package issued will parallel, as closely as possible, the foods actually being purchased and used by the participant; or
    - b. the CPA, after consideration of the participant's individual needs, issues a food package with less than the full quantity of at least one food item.
  - 2. includes an item which requires CPA or RD determination based on an assessment or a prescription;
    - a. soy beverage, goat's milk, milk outside the default fat level;
    - b. infant formula for a breastfeeding infant and/or changed amounts;
    - c. reason for change of infant formula, even between contract formulas;
    - d. issuance of ready-to-feed/use infant formula when powdered and/or concentrate are available;
    - e. replacement of some infant fruits and vegetables with a fruit and vegetable benefit;
    - f. medical formulas or WIC-eligible nutritionals;
    - g. infant supplemental foods for a child or woman in Food Package III; and

- h. RD selection and approval of types and amounts of supplemental foods in Food Package III; or
    - i. substitution of one food category item for another food category item due to homelessness.
  - B. Education will be provided to the participant/guardian concerning the recommended intake for the foods being reduced or substituted.
  - C. Tailoring of a food package will be documented in the participant's folder.
    - 1. This documentation will include whether the package was tailored based on the CPA's judgment or at the request of the participant/guardian.

## **II. Milk and Milk Substitutes**

### **A. Milk Issuance**

- 1. Children under age 2 years
  - a. Fat-reduced milks (2%, 1% and skim) may be issued at the CPA's discretion after a complete assessment for the following:
    - 1. 114 Overweight or at Risk of Overweight
    - 2. 115 High Weight for Length (but not when less than the 25<sup>th</sup> percentile weight-for-length)
    - 3. Familial obesity
    - 4. Trajectory of growth (after RD consult)
  - b. Assessment by the CPA of continued need will be conducted at certification and mid-certification visits.
- 2. Children 2 years of age and older and women
  - a. Reduced fat (2%) milk may be issued after a complete assessment at the CPA's discretion for Nutrition Risk Factors
    - 1. 101 Underweight Women
    - 2. 103 Underweight or at risk of Underweight – Children
    - 3. 131 Low Maternal Weight Gain
    - 4. 132 Maternal Weight Loss
    - 5. 134 Failure-to-Thrive (if no Food Package III is assigned)
    - 6. 135 Inadequate Growth (sited consecutively for two or more growth measures)

7. 335 Multifetal Gestation
8. 338 Pregnant Woman Currently Breastfeeding
9. 347 Cancer
10. 348 Central Nervous System Disorders
11. 349 Genetic and Congenital Disorders
12. 352 Infectious Diseases
13. 359 Recent Major Surgery, Trauma, Burns
14. 360 Other Medical Conditions
15. 362 Developmental, Sensory or Motor Disabilities Interfering with the Ability to Eat

- b. Assessment by the CPA of continued need will be conducted at certification and mid-certification visits.

3. Lactose-Reduced/Free Milk

- a. It may be issued at the CPA's discretion for symptoms of lactose intolerance – no medical documentation is required.
  - b. It should be issued at the appropriate fat level for the age and category of the participant.

B. Meyenberg Goat's Milk

1. Meyenberg goat's milk of the appropriate fat level based on age and category may be issued for cow's milk intolerance.
  - a. The CPA can determine and document the appropriateness of issuing goat's milk to women and children.

C. Soy Beverage

1. Soy beverage may be issued for example, but not limited to a milk allergy, lactose intolerance (which does not respond to lactose-free milk or when the lactose-free milk is not available in the appropriate fat content), cultural practices or the following of a vegan diet.
2. The CPA can determine and document the appropriateness of issuing soy beverage to women and children. For children, after a thorough assessment this may include discussion with the child's health care provider.



**D. Cheese**

1. Cheese may be substituted for milk
2. One pound of cheese may be substituted for 3 quarts of milk for pregnant and post-partum women and children. A maximum of 1 pound of cheese may be substituted.
3. A pound of cheese is already a component of the food package, but up to two pounds of cheese may be substituted at a rate of 3 quarts of milk per pound for the following categories:
  - a. Fully breastfeeding women.
  - b. Substantially breastfeeding women of multiples.
  - c. Pregnant with multiples.
4. For women fully breastfeeding multiples, cheese as a component of the food package, will alternate between 1 and 2 pounds every other month.
5. The remaining quart of milk allowance will be replaced with:
  - a. either a quart of the same type of milk being issued; or
  - b. one 12 ounce can of evaporated milk in the appropriate fat level for the category and fat level of fluid milk assigned; or

**III. Peanut Butter and Legumes**

- A. Pregnant and fully and substantially breastfeeding women are offered both peanut butter and legumes on their standard food package. If requested they may be issued as two peanut butter or two legumes.
- B. Participants issued one choice in the standard food package may choose to change to peanut butter, legumes or alternating options.

**IV. Infant Formulas**

**A. Contract Infant Formula**

1. Montana WIC's current cost containment contract is with Abbott Nutrition for milk-based formula and Mead-Johnson for soy-based formula.
  - a. Similac Advance will be issued as the contract milk-based infant formula.
  - b. Enfamil ProSobee will be issued as the contract soy-based infant formula.

- B. Formula available under the Infant Formula Contract not meeting USDA requirements for infant formula
  - 1. Montana may choose to issue these types of formula if an acceptable rebate is available.
  - 2. A prescription with appropriate justification from a prescriptive authority must be presented and approved.
    - a. See Attachment Similac Formula Prescription.
    - b. The CPA can review and approve these types of prescriptions.
  - 3. Under the current Infant Formula Rebate contract these products include:
    - a. Similac Sensitive
    - b. Similac Spit Up
    - c. Similac Total Comfort
- C. Non-contract infant formula includes all other infant formula not covered in the infant formula cost containment contract and is not approved for issuance by Montana WIC.
- D. Formula issued in the standard food packages for infants is in the powdered form unless it is not manufactured in that form.
- E. Concentrate formula may be issued at the request of the parent/guardian.
- F. Issuance of Ready-To-Feed (RTF) formula will be documented in the participant's folder; continued issuance will be assessed and documented. Ready-to-Feed formula may be issued under the following circumstances:
  - 1. There is an unsanitary or restricted water supply.
  - 2. There is poor refrigeration.
  - 3. The formula is available only in the ready-to-feed form.
  - 4. The person caring for the infant has difficulty in correctly preparing powdered or concentrate formula.
  - 5. In the case of a Food Package III formulas may be issued as RTF if the physical form better accommodates the participant's condition, such as extreme prematurity or an immune-compromised condition or it improves compliance in using the prescribed formula.

Policy Number: 8.4  
Food Package III, Medical Formula and WIC-eligible Nutritionals  
Revised/Effective Date: October 1, 2014

**Title: Medical Formula and WIC-eligible Nutritionals**

**Purpose**

To provide medical formula and food for participants with special medical or dietary needs.

**Authority**

7 CFR 246.10; USDA WIC Policy Memorandum 2011-5

**Policy**

Issuance of Food Package III requires appropriate medical assessment and documentation.

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**I. Food Package III**

- A. Medical formula includes all infant formulas which meet the requirements for an exempt infant formula under:
  - 1. Sections 412(h) of the Federal Food, Drug and Cosmetic Act (21 USC 350a(h) and the regulations at 21 CFR parts 106 and 107.
- B. These formulas are intended for use by infants with special medical or dietary needs.
- C. WIC-eligible nutritionals include enteral WIC-eligible nutritional products which are specifically formulated to provide nutritional support for individuals with diagnosed medical conditions when the use of conventional food is precluded, restricted or inadequate.
  - 1. Not all products that meet the definition of a nutritional are eligible to be issued by WIC.
- D. Standard contract formula may be issued in Food Package III to infants with a medical prescription to eliminate infant foods for a medically-fragile infant due to such conditions as extreme prematurity, feeding delays and tube feeding.
  - 1. This will allow the issuance of the 4-5 month amount when the elimination of infant foods is appropriate.
  - 2. The standard formulas included in this exception are Similac Advance, Similac Sensitive, Similac for Spit Up, Similac Total Comfort and Enfamil ProSobee.
- E. Low-iron formulas will NOT be provided except for approved special medical conditions.
- F. Infants with a milk allergy are not required to try soy formula prior to issuance of a medical formula or a WIC-eligible nutritional.

- G. To issue a medical formula/WIC-eligible nutritional the prescription form is required. See Medically Necessary WIC Approved Formula Request Form.
1. Prescriptions not contained on this form will be accepted as long as they contain all of the information required for a valid prescription.
  2. The prescription will be from a health care provider with prescriptive authority.
  3. Non-traditional health care providers such as shamans, medicine men or women, acupuncturists, chiropractors, or holistic health advisors are not considered to be physicians whose diagnosis can be accepted for establishing the eligibility of an applicant for WIC benefits.
  4. Prescriptions will include:
    - a. Name of participant.
    - b. Date (will be within 30 days of WIC request).
    - c. Specific name of formula or WIC-eligible nutritional.
    - d. Prescribed amount of the formula or WIC-eligible nutritional requested.
    - e. Appropriate medical diagnosis/justification warranting the formula or medical food use.
    - f. Length of time the formula or WIC-eligible nutritional is medically necessary.
    - g. Prescribed supplemental foods including the amount requested (for infants 6 months and older, children and women) or the box checked to indicate the registered dietitian may select the appropriate foods and duration of their issuance.
      1. if the RD is designated to select the foods, this may include the assignment of "no foods" with documentation supporting the decision and additional formula;
      2. a "no foods" selection will be reviewed by the RD at each visit.
    - h. Signature and contact information of the requesting prescriptive authority.
  5. Facsimiles (fax) and scanned signed documents are acceptable.
  6. Transferring participants from another state with an original prescription containing all the required information will be issued formula or a WIC-

eligible nutritional through the end of the certification, the prescription end date or Montana WIC policy whichever is shorter.

H. Approval of Food Package III

1. A registered dietitian (RD) will perform an assessment prior to issuance of the medical formula/WIC-eligible nutritional and supplementary foods.
2. The assessment includes a review of:
  - a. The medical diagnosis or condition which necessitates the need for the formula/food.
  - b. If the box on the prescription is checked giving the RD the responsibility of determining supplemental foods.
  - c. The participant's growth.
  - d. The participant's feeding skills.
  - e. The participant's dietary intake.
3. Based on the assessment and length of time requested on the prescription, the RD will determine if and how long to authorize the issuance of the formula/WIC-eligible nutritional and supplementary foods and when a reassessment will occur.
  - a. Formulas/WIC-eligible nutritionals will not be authorized for longer than the time on the prescription or the certification period, whichever is shorter.
  - b. Contact the State Nutritionist with questions concerning issuance for medical reasons other than those stated or for issuance of a medical formula/WIC-eligible nutritional not listed.
  - c. The following conditions do not qualify for approval of Food Package III:
    1. Formula intolerance or food allergy to lactose, sucrose, milk protein or soy protein that does not require the use of an exempt infant formula.
    2. A non-specific formula or food intolerance.
    3. Women and children who have an intolerance to lactose or milk protein that can be successfully managed with the use of one of the other WIC food packages (i.e. Food Packages IV).

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4. Any participant solely for the purpose of enhancing nutrient intake or managing body weight without an underlying qualifying condition.
4. The RD will document the details of each assessment and approval in the participant's folder.
5. If an exempt formula/WIC-eligible nutritional is not available through local authorized retailers, the State Office will order the formula at the request of the local agency.
  - a. The local agency RD who approved the formula will email the request to both State Public Health Nutritionists.
  - b. A State Nutritionist will evaluate and approve the request. The Administrative Support will place the order and track the receipt. It will be shipped directly to the requesting local agency.
    1. Upon receipt, local agency staff will email the Administrative Support of what product(s) and how much arrived.
  - c. A State Nutritionist reserves the ability to request a modification on the order if deemed inappropriate.

Locally Available Exempt Formulas and WIC-eligible Nutritionals	Reason for Issuance
Alimentum	Milk and/or soy protein allergy
Nutramigen Enflora	Milk and/or soy protein allergy
Neosure	Prematurity
EnfaCare LIPIL	Prematurity or low birth weight
Pediasure, Pediasure w/ Fiber and Ensure	Tube-feeding, oral/motor problems or medical conditions which increase nutrient needs (for children over 1 year of age and women)

\*Contract formula may be issued to children over the age of 1 and in select cases to an infant.

Examples of State Ordered Formulas	Reason for Issuance
Resource Just for Kids, Resource Just for Kids w/ Fiber, Nutren Junior	Tube feeding, oral motor problems or medical conditions which increase nutrient needs (for children over 1 year of age)
Elecare, Neocate, PurAmino	Severe malabsorption or allergy to intact proteins
Peptamen Junior, Vivonex Pediatric, Pediasure Peptide	Severe malabsorption or allergy to intact proteins (for children over 1 year of age)
Pregestimil	Malabsorption; milk and/or soy protein allergy
Similac PM 60/40	Renal, cardiac or other conditions that require lowered mineral intake
Metabolic Formulas	Metabolic disorders

\*Contract formula may be issued to children over the age of 1 and in select cases to an infant.

## **II. Supplemental Foods with Food Package III**

- A. Supplemental foods may be issued to a participant receiving medical formula/WIC-eligible nutritionals.
- B. The supplemental foods which may be issued are those in the standard food package according to participant's age and category.
- C. For participant's 6 months of age and older, the health care provider will indicate if the participant can consume supplementary foods provided by WIC and the amounts of these foods. See Section B of Attachment Medically Necessary WIC Approved Formula Request Form.
  1. If the prescriptive authority has checked the box allowing the RD to select the types, amounts and duration of supplemental foods, the RD will determine the food's appropriateness based on an assessment.
  2. For infants older than 6 months of age, if the health care provider indicates no supplemental foods are to be provided, then the medical formula/WIC-eligible nutritional will be increased to the 4-5 month infant amount.
- D. The supplemental foods provided will not be contraindicated by the justification for the medical formula/WIC-eligible nutritionals.
  1. Contact the health care provider if inappropriate foods have been selected.
    - a. **For example:** Milk will not be issued for a participant receiving Elecare for a milk and/or soy protein allergy.
- E. Whole milk may be prescribed for children two years of age and older and women for a medical condition requiring additional calories along with a WIC-eligible nutritional/medical food.

## **III. Standard Food Package III for Children**

<b>Food Item</b>	<b>Children Younger than 2 Years</b>	<b>Children Age 2 Years and Older</b>
Medical Formula/WIC-eligible nutritional	910 oz.	910 oz.
Milk	Whole 4 gallons	Non-fat Skim, or 1% 4 gallons
Eggs	1 dozen	1 dozen
Juice	2 64-oz. bottles (128 oz.)	2 64-oz. bottles (128 oz.)
Cereal (cold and/or hot)	36 oz.	36 oz.
Whole Grain Choice	2 pounds	2 pounds

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Peanut Butter	0	18 oz. peanut butter
Legumes	4 15-16 oz. canned	0
Fruits & Vegetables Fruit and vegetable benefit	\$8	\$8

**IV. Standard Food Package III for Women**

<b>Food Item</b>	<b>Pregnant or Substantially Breastfeeding</b>	<b>Partially Breastfeeding or Non-Breastfeeding Post-Partum Women (less than 6 mo. post-delivery)</b>	<b>Fully Breastfeeding, Pregnant and at Least Substantially Breastfeeding and infant or Pregnant w/ Multiples</b>	<b>Fully Breastfeeding Multiples</b>
Medical Food	910 oz.	910 oz.	910 oz.	910 oz.
Milk	Non-fat, Skim or 1% 5 1/2 gallons	Non-fat, Skim, or 1% 4 gallons	Non-fat, Skim or 1% 6 gallons	Non-fat, Skim, or 1% 9 gallon
Cheese	0	0	1 pound	Alternate 1 & 2 pounds every other month
Eggs	1 dozen	1 dozen	2 dozen	Alternate 2 & 3 dozen every other month
Juice	3 11.5-12 oz. frozen (144 ounces)	2 11.5-12 oz. frozen (96 ounces)	3 11.5-12 oz. frozen (144 ounces)	Alternate 4 & 5 11.5-12 oz. frozen (192 ounces) every other month
Cereal	36 oz.	36 oz.	36 oz.	54 oz.
Whole Grains	1 pound	0	1 pound	Alternate 1 & 2 pounds each month
Peanut Butter	18 oz. peanut butter	18 oz. peanut butter	18 oz. peanut butter	Alternate 18 & 36 oz. every other month
Legumes	4 15-16 oz. canned	0	4 15-16 oz. canned	Alternate 4 & 8 15-16 oz. canned every other month
Fish	0	0	30 oz.	45 oz.
Fruits & Vegetables	\$10	\$10	\$10	\$15



**Title:** Homeless Food Package

**Purpose**

To establish procedures for the issuance of allowable foods for participants who are homeless or who lack cooking facilities or refrigeration.

**Authority**

7 CFR 246.10

**Policy**

Homeless food packages are designed to meet the needs of those with limited food preparation and/or storage facilities. A participant's individual circumstances should be considered in prescribing the most appropriate food package.

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**I. Issuing Food Packages Designed for Homeless Individuals**

- A. Special care and consideration, taking into account the participants access to preparation, cooking and refrigeration facilities will be taken when determining the best food items within the food package for a homeless individual.

**II. Infant Feeding**

- A. Breastfeeding of infants will be encouraged.
- B. When formula is requested, powdered formula is issued.
- C. Ready-To-Feed formula may be issued if adequate safe water is not available.

**III. Child and Adult Food Packages**

- A. Modify standard food packages as appropriate.
  - 1. Egg Issuance
    - a. Eggs may be issued if proper refrigeration is available.
    - b. If proper refrigeration is not available:
      - 1. Peanut butter may be substituted at a rate of one 18 ounce jar to 1 dozen eggs (along with normal legume allowance).
      - 2. Canned beans (legumes) may be substituted for eggs at a rate of 64 ounces of canned beans or if requested, 1 pound of dry beans to 1 dozen eggs (along with normal legume allowance).

- B. Call the State Office before substituting for eggs as there are extra steps that need to be taken within the computer system.**

**Title:** Issuing Benefits

**Purpose**

Provide guidance on benefit issuance.

**Authority**

7CFR 246.12 (r)

**Policy**

Appropriate benefits will be issued to participants.

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**I. Benefit Issuance Frequency**

- A. The CPA or RD determines how many months' worth of benefits a participant receives.
  - 1. Issuing multiple months of benefits is recommended for most participants.
- B. Participants in foster care will only be issued benefits on a monthly basis.
  - 1. The exception to this is when a participant is in a long-term foster care placement.

**II. Benefit Issuance**

- A. Pre-printing benefits is prohibited.
- B. Local agency staff will preview benefits before printing.
- C. Only the participant, an authorized representative or a proxy with a note can pick up benefits.
- D. After benefits have been printed:
  - 1. Participant or authorized representative/proxy will review benefits for accuracy of the food package they selected.
  - 2. Participant or authorized representative/proxy will sign signature pad after reviewing the benefits.
    - a. If the signature was not captured on the signature pad, the participant or authorized representative/proxy will sign the Alternate Means of Signature for Benefits form.
    - b. This form will then be scanned into the participant's folder.
- E. Local agency staff will educate participants on use of WIC benefits.

**F. Participant Program Booklet**

1. Will be used by all local clinics.
2. Will be signed by the participant/guardian in presence of WIC staff.
3. Will have active participant's names and ID numbers.
4. Will include the clinic address and telephone number.
5. Any person authorized by the participant/guardian may redeem benefits as long as they have signed the ID page prior to redemption.

**III. Food Package Changes within a Benefit Cycle**

**A. Benefits for children or women requiring a change of food item may be reissued even if one or more benefits have been redeemed. Example: A change from regular milk to lactose-free milk.**

1. A new partial food prescription will need to be created.
  - a. The amount of food reissued will take into account amount already redeemed.
  - b. The remaining food will not exceed the maximum monthly allowance, taking into account the amount already received on redeemed benefits.

2. Create a full future food package including appropriate changes.

**B. Change due to addition of Food Package III item.**

1. A Food Package III prescription item (i.e. formula) can be issued to an existing food package.
2. Staff will need to create a food package with only the prescription item in it.
3. Staff will then need to Add/Replace additional benefit.
4. Create a full future Food Package III including appropriate changes.

**C. A formula amount change for infant's mid-month.**

1. If mother's breastfeeding status/amount changes in the middle of the month, and she requests formula, she will keep her benefits and be given, if appropriate, the End of Certification/Notice of Ineligibility Attachment.
  - a. The infant will receive the appropriate pro-rated food package.

2. Any future benefits are returned and replaced if necessary.

#### **IV. Void/Reissue**

- A. Benefits to be voided or alternate proof will be in hand.
- B. Add food package.
- C. Void benefits.
- D. Replace voided benefits.
- E. Proration could result.
- F. Scan into participant file or keep as a hard copy all voided benefits or alternate proof.

#### **V. Benefit Over-Issuance**

- A. An over issuance is any instance where more than the maximum allowable WIC benefits are issued for a benefit period.
- B. Per the contract, between the local agency and the state office, the local agency is responsible for any WIC funds misspent due to over issuance.
  1. The state office will charge the local agency a monetary penalty for the value of the benefit over issuance.
  2. When an over issuance of benefits has been determined by the State WIC office, a notification letter and invoice will be sent to the local agency.
  3. The local agency must reimburse the state WIC office in the form of a check.

#### **VI. Mailing Benefits**

- A. Benefits may be mailed to a certified participant/guardian at the discretion of the local agency.
- B. Before mailing benefits, the following will be verified:
  1. Appropriate nutrition education and/or breastfeeding education is provided and up-to-date.
  2. Required anthropometric measurements have been taken or provided.
  3. Appropriate referrals have been made.
  4. Follow-up appointment has been scheduled.

5. The participant/guardian's mailing address is confirmed.
6. Participant/guardian is informed mailed benefits will not be replaced.
- C. WIC staff will print and sign for benefits and appropriately indicate in the system benefits were mailed.
- D. Benefits will be mailed first class.
  1. Envelopes will have the return address of the local clinic.
  2. Envelopes will state "Do Not Forward, Return to Sender" stamped/written on them.
- E. A log will be maintained for all mailed WIC benefits indicating:
  1. Name and ID number of participant
  2. Actual date of mailing
  3. Signature of staff person mailing the benefits.
- F. A returned benefit log will be maintained indicating:
  1. Name and ID number of participant.
  2. Serial numbers of returned benefits.
  3. Date of return.
  4. Follow-up action (such as voided benefits).
- G. If a participant/guardian claims he/she did not receive the benefits, the local clinic will verify benefits were mailed.
  1. Benefits will not be replaced.
- H. If a program booklet needs to be mailed as well, mail it separately from the benefits to prevent fraud.

**VII. Authorized Representative/Proxy**

- A. Authorized representatives are designated by the participant/guardian in the participant's folder and have the authority to attend any WIC appointments and to pick up and sign for benefits.
  1. Authorized representatives may be designated in person or via telephone. If designated by telephone, the participant/guardian must verify identity.

2. Authorized representatives do not need to have a note from the participant/guardian to perform these functions, but they will present a picture ID which will then be scanned into the participant's folder.
  3. Authorized representatives will be able to provide any information necessary to complete the appointment.
- B. Proxies have the authority to attend any WIC appointments and to pick up and sign for benefits, but will have a signed and dated note by the participant/guardian at the time of appointment.
1. Proxies will present a picture ID which will then be scanned into the participant's folder.
  2. Proxies will present a signed and dated note each time they attend an appointment for a participant/guardian.
  3. Notes will be scanned into the participant's folder.
  4. Proxies will be able to provide any information necessary to complete the appointment.
  5. If a participant/guardian is consistently using the same proxy to attend appointments, they may want to consider changing them to an authorized representative in the participant's folder.
- C. Local agency staff will not act as authorized representatives or proxies for any participant/guardian.
- D. The participant/guardian is responsible for the authorized representative and/or proxy's actions.
1. The participant/guardian will instruct the authorized representative and/or proxy on the use of WIC benefits.
  2. If the authorized representative or proxy commits fraud/abuse, the participant/guardian will be held responsible and sanctioned accordingly.

# MONTANA WIC STATE PLAN & POLICY MANUAL

## CHAPTER EIGHT

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Policy Number: 8.7  
Foster Placement/Changes or Custody Changes  
Benefits Lost, Stolen, Destroyed  
Effective/Revised Date: October 1, 2014

**Title:** Foster Placement/Changes or Custody Changes, WIC Benefits Lost, Stolen or Destroyed

### **Purpose**

To provide guidance on dealing with benefits which are lost, stolen or destroyed and when foster placement occurs or changes.

### **Authority**

State Policy

### **Policy**

Benefits may be voided and replaced when foster placement occurs or changes. Lost or stolen benefits may not be reissued. Benefits destroyed may be reissued depending on the situation.

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#### **I. Foster Placement or Changes**

- A. In cases of foster placement or changes in placement, benefits may be reissued.
  - 1. Scan a copy of the placement paperwork from a state or tribal child protective service into the participant folder.
  - 2. Send a letter to the parent or previous foster parent about the change and instructing them not to cash any more benefits for the child.
  - 3. Void any uncashed benefits in the system. This will alert the State Office if they are cashed and can be investigated.

#### **II. Changes of Custody Between Parents and/or Guardians**

- A. Does not warrant replacement of missing benefits.

#### **III. Lost or Stolen Benefits**

- A. Benefits reported lost or stolen will not be replaced.
- B. Participants will be advised to treat benefits like cash upon issuance.

#### **IV. Benefits Destroyed**

- A. Situations will be considered on a case-by-case basis. Scan the documentation into the participant's record.
- ~~B.~~ Review system benefit information for those already redeemed. Confirm with the participant that all other benefits have not been redeemed.



- C. Explain to the participant or parent/guardian if a double issuance has occurred, he/she may be required to reimburse the Montana WIC Program.
- D. Reissue the benefits destroyed.
- E. Actual WIC foods destroyed will not be replaced.

**Title:** Returned Formula

**Purpose**

To guide Local Agency staff on returned formula procedures.

**Authority**

7CFR 246.12 and 246.13

**Policy**

Montana WIC Program allows the return of unopened formula for replacement.

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**I. Returned Formula**

- A. A participant/guardian may return any unopened formula from the current benefit cycle and exchange it for a benefit with another type of formula.
  - 1. If a participant is changing between formula forms, staff will use the lowest maximum allowable reconstituted amount (i.e. powdered to concentrate).
  - 2. Document returned formula in SPIRIT Utilities application
    - a. Select or indicate the formula name, type and amount of returned formula
    - b. Formula may be returned that was issued by a different clinic:
      - i. the clinic listed will be the issuing clinic
      - ii. if the clinic replacing the formula is different, change the clinic to the current in which staff is working
  - 3. If returned formula is a medical formula or WIC-eligible nutritional, complete the Returned Formula Form and scan it into the participant's folder.
  - 4. The amount of formula replaced may not be greater than the amount of formula originally issued for the month.
- B. If a participant/guardian brings in unused benefits (from the same benefit cycle) with the unopened cans of formula, the unused benefit will need to be voided.
- C. Make a new food prescription with the correct type of formula.
  - 1. Calculate the reconstituted value of the new type of formula so it does not exceed the maximum allowable for the participant's breastfeeding status and age category.

2. Formula Exchange Calculation:

- a. Subtract the amount of reconstituted formula already used (if any) from the total reconstituted amount.
- b. Divide this number by the reconstituted amount of the replacement formula to determine the number of containers/cans to issue on the reissued benefits.
- c. Round container/can amounts down to the nearest whole number.
- d. **An example:**

A 2 month old participant was issued 9 cans of Similac Advance.

The participant has used 2 cans already therefore returning 7 cans to the clinic.

The participant now has a prescription for Pregestimil.  
Since Similac Advance reconstitutes to 90 oz. per can, the participant has already used 180 oz. ( $2 \times 90 = 180$ ) out of the total allowable of 870 oz.

Subtract 180 oz. from the total 870 oz. to get 690 oz.  
 $-(870 - 180 = 690)$ .

Pregestimil reconstitutes to 112 ounces.

Divide 690 oz. by 112 oz.

This gives you 6.12 cans of Pregestimil ( $690/112 = 6.12$ ).

Issue 6 cans of Pregestimil on reissued benefits.

- D. All formula returned with a current date will be donated to either a food bank, community program which provides food assistance or local health department.
1. Keep a log and a receipt of where formula was donated
  2. If it is a highly specialized medical formula or WIC-eligible nutritional, contact the State Office for more information.

## Reconstituted Amounts of Commonly Issued Formulas

Partially Breastfeeding/Full Formula 0-3 months										Substantially Breastfeeding			
Formula Type	Powder Max allowed = 870 oz			Concentrate Max allowed = 823 oz			RTF Max allowed = 832 oz			0-1 months	1-3 months		
	Can Size	Reconstituted Amount	Total Cans	Can Size	Reconstituted Amount	Total Cans	Bottle Size	Total Bottles		Powder Max = 104 oz	Powder 435 oz	Concentrate 388 oz	RTF 384 oz
									Total Cans	Total Cans	Total Cans	Total Bottles	
Similac Advance	12.4 oz	90 oz	9	13 oz	26 oz	31	32 oz	26		1	4	14	12
Enfamil ProSobee	12.9 oz	93 oz	9	13 oz	26 oz	31	32 oz	26		1	4	14	12
Similac Sensitive	12.6 oz	90 oz	9	-----	-----	-----	32 oz	26		1	4	-----	12
Similac for Spit-Up	12.3 oz	90 oz	9	-----	-----	-----	32 oz	26		1	4	-----	12
Similac Total Comfort	12.6 oz	90 oz	9	-----	-----	-----	-----	-----		1	4	-----	-----
Alimentum	16 oz	115 oz	7	-----	-----	-----	32 oz	26		1	3	-----	12
Nutramigen Enflora LGG	12.6 oz	87 oz	10	-----	-----	-----	-----	-----		1	5	-----	-----
Nutramigen AA	14.1 oz	98 oz	8	-----	-----	-----	-----	-----		1	4	-----	-----
Neosure	13.1 oz	87 oz	10	-----	-----	-----	32 oz	26		1	5	-----	12
EnfaCare	12.8 oz	82 oz	10	-----	-----	-----	32 oz	26		1	5	-----	12
Pregestimil	16 oz	112 oz	7	-----	-----	-----	-----	-----		1	3	-----	-----
PurAmino	14.1 oz	98 oz	8	-----	-----	-----	-----	-----		1	4	-----	-----
EleCare	14.1 oz	95 oz	9	-----	-----	-----	-----	-----		1	4	-----	-----
Neocate Infant DHA & ARA	14.1oz	97 oz	8	-----	-----	-----	-----	-----		1	5	-----	-----

Partially Breastfeeding/Full Formula 4-5 months									Substantially Breastfeeding 4-5 months			
Formula Type	Powder Max allowed = 960 oz			Concentrate Max allowed = 896 oz			RTF Max allowed = 913 oz			Powder Max = 522 oz	Concentrate Max = 460 oz	RTF Max = 474 oz
	Can Size	Reconstituted Amount	Total Cans	Can Size	Reconstituted Amount	Total Cans	Bottle Size	Total Bottles		Total Cans	Total Cans	Total Bottles
Similac Advance	12.4 oz	90 oz	10	13 oz	26 oz	34	32 oz	28		5	17	14
Enfamil ProSobee	12.9 oz	93 oz	10	13 oz	26 oz	34	32 oz	28		5	17	14
Similac Sensitive	12.6 oz	90 oz	10	-----	-----	-----	32 oz	28		5	-----	14
Similac for Spit-Up	12.3 oz	90 oz	10	-----	-----	-----	32 oz	28		5	-----	14
Similac Total Comfort	12.6 oz	90 oz	10	-----	-----	-----	-----	-----		5	-----	14
Alimentum	16 oz	115 oz	8	-----	-----	-----	32 oz	28		4	-----	14
Nutramigen Enflora LGG	12.6 oz	87 oz	11	-----	-----	-----	-----	-----		6	-----	-----
Nutramigen AA	14.1 oz	98 oz	9	-----	-----	-----	-----	-----		5	-----	-----
Neosure	13.1 oz	87 oz	11	-----	-----	-----	32 oz	28		6	-----	14
EnfaCare	12.8 oz	82 oz	11	-----	-----	-----	32 oz	28		6	-----	14
Pregestimil	16 oz	112 oz	8	-----	-----	-----	-----	-----		4	-----	-----
PurAmino	14.1 oz	98 oz	9	-----	-----	-----	-----	-----		5	-----	-----
EleCare	14.1 oz	95 oz	10	-----	-----	-----	-----	-----		5	-----	-----
Neocate Infant DHA & ARA	14.1 oz	97 oz	9	-----	-----	-----	-----	-----		6	-----	-----

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Partially Breastfeeding/Full Formula 6-11 months*										Substantially Breastfeeding 6-11 months*		
Formula Type	Powder Max allowed = 696 oz			Concentrate Max allowed = 630 oz			RTF Max allowed = 643 oz			Powder Max = 384 oz	Concentrate Max = 315 oz	RTF Max = 338 oz
	Can Size	Reconstituted Amount	Total Cans	Can Size	Reconstituted Amount	Total Cans	Bottle Size	Total Bottles		Total Cans	Total Cans	Total Bottles
Similac Advance	12.4 oz	90 oz	7	13 oz	26 oz	24	32 oz	20		4	12	10
Enfamil ProSobee	12.9 oz	93 oz	7	13 oz	26 oz	24	32 oz	20		4	-----	10
Similac Sensitive	12.6 oz	90 oz	7				32 oz	20		4	-----	10
Similac for Spit-Up	12.3 oz	90 oz	7	-----	-----	-----	32 oz	20		4	-----	10
Similac Total Comfort	12.6 oz	90 oz	7	-----	-----	-----	-----	-----		4	-----	-----
Alimentum	16 oz	115 oz	6	-----	-----	-----	32 oz	20		3	-----	-----
Nutramigen Enflora LGG	12.6 oz	87 oz	8	-----	-----	-----	-----	-----		4	-----	-----
Nutramigen AA	14.1 oz	98 oz	7	-----	-----	-----	-----	-----		3	-----	-----
Neosure	13.1 oz	87 oz	8	-----	-----	-----	32 oz	20		4	-----	10
EnfaCare	12.8 oz	82 oz	8	-----	-----	-----	32 oz	20		4	-----	10
Pregestimil	16 oz	112 oz	6	-----	-----	-----	-----	-----		3	-----	-----
PurAmino	14.1 oz	98 oz	7	-----	-----	-----	-----	-----		7	-----	-----
EleCare	14.1 oz	95 oz	7	-----	-----	-----	-----	-----		4	-----	-----
Neocate Infant DHA & ARA	14.1 oz	97 oz	7	-----	-----	-----	-----	-----		4	-----	-----

\*When a formula is prescribed and the medical provider does not allow WIC supplemental foods, the formula amount is the same as the amounts in the 4-5 month tables.

Children Age 1-5 and Women								
Formula Type	Powder Max allowed = 910 oz			Concentrate Max allowed = 910 oz			RTF Max allowed = 910 oz	
	Can Size	Reconstituted Amount	Total Cans	Can Size	Reconstituted Amount	Total Cans	Bottle Size	Total Bottles
Similac Advance	12.4 oz	90 oz	10	13 oz	26 oz	35	32 oz	28
Enfamil ProSobee	12.9 oz	93 oz	9	13 oz	26 oz	35	32 oz	28
Similac Sensitive	12.6 oz	90 oz	10				32 oz	28
Similac for Spit-Up	12.3 oz	90 oz	10	-----	-----	-----	32 oz	28
Similac Total Comfort	12.6 oz	90 oz	10	-----	-----	-----	-----	-----
Enfamil ProSobee	12.9 oz	92 oz	9	13 oz	26 oz	35	32 oz	28
Alimentum	16 oz	115 oz	7	-----	-----	-----	32 oz	28
Nutramigen Enflora LGG	12.6 oz	87 oz	10	-----	-----	-----	-----	-----
Nutramigen AA	14.1 oz	98 oz	9	-----	-----	-----	-----	-----
Neosure	13.1 oz	87 oz	10	-----	-----	-----	32 oz	28
Pregestimil	16 oz	112 oz	8	-----	-----	-----	-----	-----
EleCare	14.1 oz	95 oz	9	-----	-----	-----	-----	-----
PurAmino	14.1 oz	98 oz	9	-----	-----	-----	-----	-----
Pediasure w/ or w/o Fiber	-----	-----	-----	-----	-----	-----	8 oz	113
Ensure	-----	-----	-----	-----	-----	-----	8 oz	113
Neocate Junior	14.1 oz	61 oz	14	-----	-----	-----	-----	-----
EleCare Junior	14.1 oz	64 oz	14	-----	-----	-----	-----	-----

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